

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | AS       |        | 07/26/00 |
| O.I.P.E. CLASSIFIER       | EVN      | 1      | 7/28/00  |
| FORMALITY REVIEW          | MA       | 830    | 9.22.00  |
| RESPONSE FORMALITY REVIEW |          |        |          |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim    | Date    |
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| Final    |         |
| Original |         |
| 1        | 6/27/02 |
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| 46       | ✓       |
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| Claim    | Date    |
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| Original |         |
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| Claim    | Date |
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| Final    |      |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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